

Appendix 3

Example of Optional Documentation Form for Travel Time and Time of Service

In order to meet the requirements of reporting personal care and travel time, schedules must be kept showing the name of the client serviced, employee providing service, and where both the client and the employee reside. This would facilitate an internal or external review of employee documented travel time.

HHA/PCW Charting Form

Client's Name I.M Recipient YEAR 1999
Client # 10xs

TRAVEL TIME									
DAY	DATE	FROM WHERE	Travel TO Client			Travel FROM Client		TO WHERE	Total Miles
			Time Begin	Time End	Total Miles	Time Begin	Time End		
SAT	2/1/99	HOME	7:30am	7:55am	6	10:05am	10:30am	OFFICE	6
SUN									
MON									
TUE									
WED									
THUR									
FRI									
Weekly Total =						Weekly Total =			

TIME OF SERVICE	8-10am							Weekly Total
	SAT	SUN	MON	TUE	WED	THUR	FRI	
Date:	2/1/99							
Dress/Undress								
TEDS Stocking								
Tub Bath	* ✓							
Bed Bath								
Shower								
Hair: Comb/Brush/Shampoo	✓							
Oral Care	✓							
Preventive Skin Care	✓							
Shaving								
Nail Care	✓							
Glasses/Hearing Aid								
Ambulation (walking)								
Mech. Transfer/Hoyer								
Transfer								
Positioning								
Toileting	✓							
Incontinent Care								
Catheter Care								
Bowel Routine								
Apply/Remove splints/braces								
Range of Motion Exercises	✓							
Accompany to Medical Appt.								
Measure I and O								
T, P, R, BP								
Meal Prep/Feeding								
Make Bed/Change Linen	✓							
Laundry								
Dust/Clean								
Wash Dishes								
Safety Precautions:								
Other:								
Changes to Report	Y (N)	Y N	Y N	Y N	Y N	Y N	Y N	Y N

Comments: _____

I.M. Caregiver I.M. Caregiver xxxxxxx
 PCW/HHA Signature Print HHA/PCW Name Empl. #
 Client Signature I.M. Recipient RN Signature I. M. Nurse Review Date xxxxxx

* Agencies utilizing multiple funding sources for extended visits may want to indicate minutes of care provided instead of check marks for each date of service.